OxyContin

Prescription Drug Abuse

(Breaking News for the Treatment Field)

Publication No. (ADP) 01-2640

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OxyContin®: Prescription Drug Abuse

OxyContin® Frequently Asked Questions

Q: What is Oxycontin?

A: OxyContin is a semisynthetic opioid analgesic prescribed for chronic or long-lasting pain. The medication's active ingredient is oxycodone, which is also found in drugs like Percodan and Tylox. However, OxyContin contains between 10 and 160 milligrams of oxycodone in a timed-release tablet. Painkillers such as Tylox contain 5 milligrams of oxycodone and often require repeated doses to bring about pain relief because they lack the timed-release formulation.

Q: How Is OxyContin Used?

A: OxyContin, also referred to as "Oxy," "O.C.," and "killer" on the street, is legitimately prescribed as a timed-release tablet, providing as many as 12 hours of relief from chronic pain. It is often prescribed for cancer patients or those with chronic, long-lasting back pain. The benefit of the medication to chronic pain sufferers is that they generally need to take the pill only twice a day, whereas a dosage of another medication would require more frequent use to control the pain. The goal of chronic pain treatment is to decrease pain and improve function.

Q: How Is OxyContin Abused?

A: OxyContin abusers either crush the tablet and ingest or snort it or dilute it in water and inject it. Crushing or diluting the tablet disarms the timed-release action of the medication and causes a quick, powerful high. Abusers have compared this feeling to the euphoria they experience when taking heroin. In fact, in some areas, the use of heroin is overshadowed by the abuse of OxyContin.

Purdue Pharma, OxyContin's manufacturer, has taken steps to reduce the potential for abuse of the medication. Its Web site lists the following initiatives aimed at curbing the illicit use of OxyContin: providing physicians with tamper-proof prescription pads, developing and distributing more than 400,000 brochures to send to pharmacists and healthcare professionals to help educate them about how to prevent diversion, working with healthcare and law enforcement officials to address the problem of prescription drug abuse, and helping to fund a study of the best practices in Prescription Monitoring Programs. In addition, the company is attempting to research and develop other pain management products that will be less resistant to abuse and diversion.

The company estimates that it will take significant time for such products to be brought to market. For more information, visit Purdue Pharma's Web site at www.purduepharma.com or call them at 203–588–8069.

Q: How Does OxyContin Abuse Differ From Abuse of Other Pain Prescriptions?

A: Abuse of prescription pain medications is not new. Two primary factors, however, set OxyContin abuse apart from other prescription drug abuse. First, OxyContin is a powerful drug that contains a much larger amount of the active ingredient, oxycodone, than other prescription pain relievers.

By crushing the tablet and either ingesting or snorting it, or by injecting diluted OxyContin, abusers feel the powerful effects of the opioid in a short time, rather than over a 12-hour span. Second, great profits are to be made in the illegal sale of OxyContin. A 40-milligram pill costs approximately $4 by prescription, yet it may sell for $20 to $40 on the street, depending on the area of the country in which the drug is sold.[1]

OxyContin can be comparatively inexpensive if it is legitimately prescribed and if its cost is covered by insurance. However, the National Drug Intelligence Center reports that OxyContin abusers may use heroin if their insurance will no longer pay for their OxyContin prescription, because heroin is less expensive than OxyContin that is purchased illegally.[2]

Q: Why Are So Many Crimes Reportedly Associated With OxyContin Abuse?

A: Many reports of OxyContin abuse have occurred in rural areas that have housed labor-intensive industries, such as logging or coal mining. These industries are often located in economically depressed areas, as well. Therefore, people for whom the drug may have been legitimately prescribed may be tempted to sell their prescriptions for profit. Substance abuse treatment providers say that the addiction is so strong that people will go to great lengths to get the drug, including robbing pharmacies and writing false prescriptions.

Q: What Is the Likelihood That a Person for Whom OxyContin Is Prescribed Will Become Addicted?

A: Most people who take OxyContin as prescribed do not become addicted. The National Institute on Drug Abuse (NIDA) reports: “With prolonged use of opiates and opioids, individuals become tolerant…require larger doses, and can become physically dependent on the drugs.... Studies indicate that most patients who receive opioids for pain, even those undergoing long-term therapy, do not become addicted to these drugs.” [3]

One NIDA-sponsored study found that “only four out of more than 12,000 patients who were given opioids for acute pain actually became addicted to the drugs…. In a study of 38 chronic pain patients, most of whom received opioids for 4 to 7 years, only 2 patients actually became addicted, and both had a history of drug abuse.” [4]

In short, most individuals who are prescribed OxyContin, or any other opioid, will not become addicted, although they may become dependent on the drug and will need to be withdrawn by a qualified physician. Individuals who are taking the drug as prescribed should continue to do so, as long as they and their physician agree that taking the drug is a medically appropriate way for them to manage pain.

Q: How Can I Determine Whether a User Is Dependent on Rather Than Addicted to OxyContin?

A: When pain patients take a narcotic analgesic as directed, or to the point where their pain is adequately controlled, it is not abuse or addiction. Abuse occurs when patients take more than is needed for pain control, especially if they take it to get high. Patients who take their medication in a manner that grossly differs from a physician's directions are probably abusing that drug. If a patient continues to seek excessive pain medication after pain management is achieved, the patient may be addicted. Addiction is characterized by the repeated, compulsive use of a substance despite adverse social, psychologic, and/or physical consequences. Addiction is often (but not always) accompanied by physical dependence, withdrawal syndrome, and tolerance. Physical dependence is defined as a physiologic state of adaptation to a substance. The absence of this substance produces symptoms and signs of withdrawal. Withdrawal syndrome is often characterized by overactivity of the physiologic functions that were suppressed by the drug and/or depression of the functions that were stimulated by the drug. Opioids often cause sleepiness, calmness, and constipation, so opioid withdrawal often includes insomnia, anxiety, and diarrhea.

Treatment Improvement Protocols (TIPs) Addressing Opioid Addiction Treatment

TIP 1 State Methadone Treatment Guidelines BKD98

TIP 19 Detoxification From Alcohol and Other Drugs BKD172

TIP 20 Matching Treatment to Patient Needs in Opioid Substitution Therapy BKD168

TIP 22 LAAM in the Treatment of Opiate Addiction BKD170

See end for ordering information.

Pain patients, however, may sometimes develop a physical dependence during treatment with opioids. This is not an addiction. A gradual decrease of the medication dose over time, as the pain is resolving, brings the former pain patient to a drug-free state without any craving for repeated doses of the drug. This is the difference between the formerly dependent pain patient who has now been withdrawn from medication and the opioid-addicted patient: The patient addicted to diverted pharmaceutical opioids continues to have a severe and uncontrollable craving that almost always leads to eventual relapse in the absence of adequate treatment. It is this uncontrollable craving for another "rush" of the drug that differentiates the

"detoxified" but opioid-addicted patient from the former pain patient. Theoretically, an opioid abuser might develop a physical dependence, but obtain treatment in the first few months of abuse, before becoming addicted. In this case, supervised withdrawal (detoxification) followed by a few months of abstinence-oriented treatment might be sufficient for the nonaddicted patient who abuses opioids. If, however, this patient subsequently relapses to opioid abuse, then that would support a diagnosis of opioid addiction. After several relapses to opioid abuse, it becomes clear that a patient will require long-term treatment for the opioid addiction. (Please see the section of this *CSAT Advisory* titled *Treatment and Detoxification Protocols* to learn more about treatment options.)

Q: I Work at a Facility That Does Not Use Medication-Assisted Treatment. What Treatment Should I Provide to Individuals Addicted to or Dependent on OxyContin?

A: The majority of U.S. treatment facilities do not offer medication-assisted treatment. However, due to the strength of OxyContin and its powerful addiction potential, medical complications may be increased by quickly withdrawing individuals from the drug. Premature withdrawal may cause individuals to seek heroin, and the quality of that heroin will not be known. In addition, these individuals, if injecting heroin, may also expose themselves to HIV and hepatitis. Most people addicted to OxyContin need medication-assisted treatment. Even if individuals have been taking OxyContin legitimately to manage pain, they should not stop taking the drug all at once. Instead, their dosages should be tapered down until medication is no longer needed. If you work in a drug-free or abstinence-based treatment facility, it is important to refer patients to facilities where they can receive appropriate treatment. (See SAMHSA Resources)

NOTES

1. National Drug Intelligence Center, "Information Bulletin:OxyContin Diversion and Abuse," retrieved March 7, 2001, from the World Wide Web, www.usdoj.gov/ndic/pubs/651/index.htm.

2. Ibid.

3. National Institute on Drug Abuse, "Pain Medications: 13553," retrieved February 15, 2001, from the World Wide Web, 165.112.78.61/Infofax/ PainMed.html.

4. Ibid.

CSAT Advisory

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The CSAT Advisory was written and produced by the Center for Substance Abuse Treatment's (CSAT's) Knowledge Application Program (KAP), a Joint Venture of Johnson, Bassin & Shaw, Inc., and The CDM Group, Inc. CSAT is a center within the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (DHHS). This publication was produced under contract number 270–99–7072.

A fully referenced version of the CSAT Advisory is available on CSAT's Web site: www.samhsa.gov/csat/csat.htm. Feel free to reproduce additional copies or reference this publication; citation of the source is appreciated. The CSAT Advisory is design to relay information that has significant and immediate impact on patients seeking alcohol or substance abuse treatment. The publication will be distributed to alcohol or substance abuse treatment providers and other interested individuals on an as-needed basis.

Suggested citation for the CSAT Advisory Center for Substance Abuse Treatment.\OxyContin ® : Prescription Drug Abuse. CSAT Advisory. Volume 1, Issue 1, April 2001.

NOTES

1. Bonfield, Tim, "OxyContin users wary of backlash," Cincinnati Enquirer, February 26, 2001, retrieved March 2, 2001, from the World Wide Web, www.enquirer.com/editions/2001/02/26/loc_oxycontin_users_wary.html

2. Tina Renee Bullins, CEO, Life Center of Galax, interview by Cheryl Serra, March 2, 2001.

3. Roch, Timothy, "The potent perils of a miracle drug."Time, February 28, 2001.

4. Ibid.

From the CSAT Director

by H. Westley Clark, M.D., J.D., M.P.H., CAS, FASAM

Recently,the media have issued numerous reports about the apparent increase in OyContin® abuse and addiction. These reports have included the following:

- *An alliance of hospitals in the greater Cincinnati area has restricted the use of OxyContin to cancer patients, although exceptions will be granted. The new policy calls for using other pain medications with less potential for abuse.*

- *A treatment facility in southwest Virginia received Federal and State approval to provide methadone treatment in December 1999. Halfway through the licensure process, staff began receiving telephone calls from people seeking information about OxyContin addiction. Recently, 80 percent of the 290 people in this outpatient treatment program named OxyContin as their primary drug of abuse.*

- *Pharmacies and homes in some rural areas have been robbed by individuals seeking OxyContin.*

- *Maine, one of the first States to report the increase in OxyContin abuse, is the second largest consumer of OxyContin in the United States.*

These reports may reflect some of your experiences: We know many of you are actually treating patients addicted to OxyContin.

OxyContin has been heralded as a miracle drug that allows patients with chronic pain to resume a normal life. It has also been called pharmaceutical heroin and is thought to have been responsible for a number of deaths and robberies in areas where its abuse has been reported. Patients who legitimately use OxyContin fear that the recent controversy will mean tighter restrictions on the drug. Abusers will reportedly go to great lengths—legal or illegal—to obtain the powerful drug.

At the Center for Substance Abuse Treatment (CSAT), we are not interested in fueling the controversy about the use or abuse of OxyContin. As the Federal Government's focal point for addiction treatment information, CSAT is instead interested in helping professionals on the front line of substance abuse treatment by providing you with the facts about OxyContin, its use and abuse, and how to treat individuals who present at your treatment facility with OxyContin concerns. Perhaps these individuals are taking medically prescribed OxyContin to manage pain and are concerned about their physical dependence on the medication. Perhaps you will be faced with a young adult who thought that OxyContin was a "safe" recreational drug because, after all, doctors prescribe it. Possibly, changes in the availability or quality of illicit opioid drugs in your community have led to abuse of and addiction to OxyContin.

Whatever the reason, OxyContin is being abused, and people are becoming addicted. And in many instances, these abusers are young adults unaware of the dangers of

OxyContin. Many of these individuals mix OxyContin with alcohol and other drugs and the result is all too often tragic.

Abuse of prescription drugs is not a new phenomenon. You have undoubtedly heard about abuse of percocet, hydrocodone, and a host of other medications. What sets OxyContin abuse apart, however, is the potency of the drug. Treatment providers in affected areas say that they were unprepared for the speed with which an OxyContin "epidemic" has developed in their communities.

We at CSAT want to make sure that you are prepared if OxyContin abuse becomes a problem in your community. This first issue of the CSAT Advisory will prepare you by:

- *Answering frequently asked questions about OxyContin*
- *Providing you with general information about semisynthetic opioids and their addiction potential*
- *Summarizing evidence-based protocols for treatment*
- *Providing you with a referral source for further information: www.samhsa.gov*
- *Introducing you to our Substance Abuse Treatment Facility Locator, an online database that can assist you in making referrals to treatment facilities.*

Please feel free to copy any of the articles in the CSAT Advisory and share them with colleagues so that they, too, may have the most current information about this critically important topic.

Treatment and Detoxification Protocols

OxyContin ® is a powerful drug that contains a much larger amount of the active ingredient, oxycodone, than other prescription opiate pain relievers. While most people who take OxyContin as prescribed do not become addicted, those who abuse their pain medication or obtain it illegally may find themselves becoming rapidly dependent on, if not addicted to, the drug.

Two types of treatment have been documented as effective for opioid addiction. One is a long-term, residential, therapeutic community type of treatment and the other is long-term, medication-assisted outpatient treatment. Clinical trials using medications to treat opioid addiction have generally included subjects addicted to diverted pharmaceutical opioids as well as to illicit heroin. Therefore, there is no medical reason to suppose that the patient addicted to diverted pharmaceutical opioids will be any less likely to benefit from medication-assisted treatment than the patient addicted to heroin.

Some opioid-addicted patients with very good social supports may occasionally be able to benefit from antagonist maintenance with naltrexone. This treatment works best if the patient is highly motivated to participate in treatment and has been adequately detoxed from the opioid of abuse. Most opioid-addicted patients in outpatient therapy, however, will do best with medication that is either an agonist or a partial agonist. Methadone and levo alpha acetyl-methadol (LAAM) are the two agonist medications currently approved for addiction treatment in this country. Presently there is no partial agonist approved by the Food and Drug Administration FDA) for use in narcotic treatment, although buprenorphine holds great promise.

The guidelines for treating OxyContin addiction or dependency are basically no different than the guidelines the Center for Substance Abuse Treatment (CSAT) uses for treating addiction or dependency to ANY opioid. There is one important thing to remember, however: Because OxyContin contains higher dose levels of opioid than are typically found in other oxycodone-containing pain medications, higher dosages of methadone may be needed to appropriately treat patients who abuse OxyContin.

Methadone or LAAM may be used for OxyContin addiction treatment or, for that matter, treatment for addiction to any other opioid, including the semi-synthetic opioids. This is not a new treatment approach. For instance, Alaska estimates that there are 15,000 prescription opioid abusers in the State and that most methadone patients are not heroin-addicted individuals. In addition, a significant percentage of patients in publicly supported methadone programs were not being treated for heroin addiction but for abuse of semisynthetic opioids (e.g., hydrocodone). The Substance Abuse and Mental Health Services Administration Drug Abuse Warning Network emergency room data show that both oxycodone and hydrocodone mentions increased dramatically between 1990 and 1999.(1) And when Arkansas opened its first methadone maintenance clinic in December 1993, the vast majority of its clients were not admitted for heroin addiction, but for semisynthetic opioid abuse. These individuals had been traveling to other States because methadone treatment was not available near their homes.

Using the criteria of this CSAT Advisory describing the difference between addiction to and dependence on OxyContin, you may be able to determine if a patient requires treatment for opioid addiction. If this is the case, methadone may be used for withdrawal. For certain patient populations, including those with many treatment failures, methadone is the treatment of choice.

"As substance abuse treatment professionals, we have the responsibility for learning as much as we can about OxyContin, and then providing appropriate treatment for people addicted to it. Appropriate treatment will nearly always involve prescribing methadone, or in some cases, LAAM," says H. Westley Clark, M.D., J.D., Director of the Center for Substance Abuse Treatment. "Programs that do not offer medication-assisted treatment will need to refer patients who are addicted to OxyContin to programs that do," he adds.

It is important to assess an individual's eligibility for medication-assisted treatment with methadone or LAAM to determine if an individual is eligible for this type of treatment and if it would be appropriate. The assessment may take place in a hospital emergency department, central intake unit, or similar place. Final assessment of an individual's eligibility for medication-assisted treatment must be completed by treatment program staff. The preliminary assessment should include the following areas:

- Determining the need for emergency care
- Diagnosing the presence and severity of opioid dependence
- Determining the extent of alcohol and drug abuse
- Screening for comorbid medical and psychiatric conditions
- Evaluating an individual's living situation, family and social problems, and legal problems.[3]

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>
> *H. Westley Clark, M.D., J.D., Director, CSAT*

NOTES

1 Sowder, Barbara, and Beschner, George, "Heroin Use in the United States: A Working Paper" (unpublished), The CDM Group.

2 Center for Substance Abuse Treatment (CSAT),Detoxification From Alcohol and Other Drugs, Treatment Improvement Protocol (TIP) Series, Number 19, DHHS Pub. No. (SMA) 00–3404, Rockville, MD: CSAT, pp. 22 and 23, 2000.

3 CSAT, Matching Treatment to Patient Needs in Opioid Substitution Therapy, TIP 19, DHHS Pub. No. (SMA) 95–3049, Rockville, MD: CSAT, pp. 17 and 18, 1995.